

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>W</i>		
FORMALITY REVIEW		<i>45</i>	<i>9/14</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

Claim	Date
Final	
Original	
1	9/2/62
2	9/2/62
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36	
37	
38	
39	
40	
41	✓ 0
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ 0
47	✓ 0
48	✓ 0
49	✓ 0
50	✓ 0 ✓

Claim	Date
Final	
Original	
51	✓ 0 ✓
52	✓ 0 ✓
53	✓ 0 ✓
54	✓ ✓ ✓
55	✓ 0 ✓
56	✓ 0 ✓
57	✓ ✓ ✓
58	✓ 0 ✓
59	✓ 0 ✓
60	✓ 0 ✓
61	✓ 0 ✓
62	✓ 0 ✓
63	✓ ✓ ✓
64	✓ 0 ✓
65	✓ ✓ ✓
66	✓ ✓ ✓
67	✓ 0 ✓
68	✓ ✓ ✓
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83	
84	
85	
86	
87	
88	✓ ✓ ✓
89	✓ ✓ ✓
90	✓ ✓ ✓
91	✓ ✓ ✓
92	✓ ✓ ✓
93	✓ = 0
94	✓ = ✓
95	
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Claim	Date
Final	
Original	
101	
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If more than 150 claims or 10 actions
staple additional sheet here

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